12532

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 the funeral director, 2 should be filed with may be Asined by the hospital ar attending physician. **D FUNEY DIRECTOR:** After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours ofter death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

13768

1. PLACE OF DEATH o. COUNTY			MARY	YLAND	. USUAL RESIDENCE (W		d lived. If institut b. COUNTY	_	200	
	chester	te conite			Hary.				heste	
RURAL and give ne		is, write	c. LENGTH OF STAY	IN IB	c. CITY OR TOWN (IF	outside corpo	prote limits, write	KUKAL ond g	ive nearest	town)
	bridge		7 mos		Vienr	na				
d. NAME OF HOSPIT	AL (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS				e. IS	RESIDENCE
	tern Shore	Stat	e Hospital		-					S NO 🗆
3. NAME OF DECEASED	Fir		Middle		Lasi	4. DATE OF	Мо	nth	Day	Year
(Type or print)	Reube		-		aumgartner	DEATH	TAGA	ember	23	19 60
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRI	ED 8.	DATE OF BIRTH		9. AGE (In years lost birthdoy)			INDER 24 HRS.
Male	White	WIDOWI	DIVORCE	D .	July 17, 187	79	81 yrs		Duys 110	witt.
10a. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS C	OR INDUSTR	11. BIRTHPLACE (Stote	or foreign c	country)	12. CITI2	EN OF WH	IAT COUNTRY?
Farme	ing life, even if retired				Maryland	4		- 100	U.S.A	
13. FATHER'S NAME					14. MOTHER'S MAIDEN				U.D.A	•
	Baumgartne:				Anna Heft	ty				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO). 17. INFO	KMANI		Add	dress		
unk.	-		214-03-630	O REC	CORDS: East	tern S	hore Sta	te Hos	pital	
18. CAUSE OF DEA	TH [Enter only one co	use per lin	ne for (o), (b), and (c)	.]		17201				L SETWEEN
PART I. DEA	TH WAS CAUSED BY:		Chmonio M		3242-				ONSET A	AND DEATH
417	IMMEDIATE CAUSE (o)	Chronic M	vocare	ILLIS					
144	DUE TO		0							
Conditions, if or)	General A	rteri	sclerosis					
couse (o), stoting										
lying couse lost.) (c									
Z PART II. OTH	ER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DE	ATH BUT NO	T RELATED TO THE TERM	INAL DISEAS	E CONDITION GI	VEN IN PART	1(o) 19. W	VAS AUTOPSY ERFORMED?
ATI										NO T
200. ACCIDENT WA	S LINDERLYING [20b. DES	CRIBE HOW INJURY O	CCURRED.	Enter noture of injury in	Port 1 or Por	rt II of item 18.)			
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)									
	Y Month, Doy, Ye	or 20d. II	NJURY OCCURRED		OF INJURY (Home, form		y or lown)	(C	ounty)	(Stote)
Hour a.m.	19	While of wor	Not while	foctor	y, street, office bldg., etc	c.)				
		_				10			_	
					April 23. 19					
saw the deceas	ed alive on NO	Te 22	19_60, and	that dec	th accurred at 12:	505 irom	the causes a	nd an the	date sta	ated above.
220. SIGNATURE	A = =	.01								22b. DATE
6.	he Ja	ny	spis	M.1		AED.	STAFF PHYS.			SIGNED
22c. PHYSICIAN'S		-0	-	UMBE	22d. ADDRESS					
NAME (Type)	E. DeFilir	mie			Eastern Sh	ore S	tate Wast	nitel	Camba	ridge 1
1			Δ		A-				()	TARRET
REMOVAL (Specify)	N, 23b. DATE THERES	/	3c NAME OF CHY	ETERY OF	HEMATORY +	LOCA	TION (City, town,	or county)	16.7	(State)
musical.	11/00/	00	Case	4001	and	Casi	5 rewi	Nav	as .	na
EL PUNERAL DIRECTOR	SISIGNATURE //	6	ADDRESS	12 /	1 250. REC	'D BY REGIS	TRAR 25b. REG	ISTRAR'S SIG	NATURE	
Seith S./	relloxable	1 lead	it Kow/1	ack	DATEDE	C 1 3 '6	0 Ch	thur S. 7	Cont	

may be TO FUNER VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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12518

TO FUNER DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shaded be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 the State Board of Health prior ta burial, crematian, or remayal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

VR A15 (4) 15M 9/59

												-	
	PLACE OF DEATH	orchester		MARY	LAND	- CTATE	Maryl		lived. If instituti b. COUNTY				ion}
	b. CITY OR TOWN (I RURAL and give no Cambril	If outside corporate limi earest tawn) LOGE	ts, write	c. LENGTH OF STAY	IN 1b			utside carpor	ote limits, write farket	URAL and	give ne	arest town)
	OR INSTITUTION	TAL (If not in hospital, ge_Maryland				d. STREET A	DDRESS						PARM?
	NAME OF DECEASED (Type or print)	Marg		Middle Slacum	I	Banks		4. DATE OF DEATH	Novem		6		60 60
	Female	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE	8	ebruar			9. AGE (In years last birthday) yrs.	Manths Manths	R 1 YEAR Days	Hours Hours	R 24 HRS. Min.
	USUAL OCCUPATION during most of wor Housewo	king life, even if retired	done 10b.	Home	R INDUST		New	Market			U.S.	A.	OUNTRY?
1)		37					h You						
15.	WAS DECEASED EVE	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	. 17, INI	FORMANT	.11 200	ng .	Add	lress			
(Ye	No	(If yes, give wor or dates of s	ervice)	213-14-6976 ne for (o), (b), ond (c).	M	rs. Rola	nd Ja	ckson,	, East N	ew Ma		Md.	
	Conditions, if o gove rise to i couse (o), stoting lying cause lost.	mmediate ()										
CERTIFICATION	PART II. OTI		DITIONS	contributing to DEA		NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GI	VEN IN PA	RT 1(o)	PERFO	AUTOPSY RMED?
	OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED	. (Enter noture o	f injury in I	Port 1 or Part	t II af item 18.)				
MEDICAL	20c. TIME OF INJUI Haur a. m. p. m.	RY Month, Doy, Ye	ar 20d. I While at wor			CE OF INJURY (ory, street, office			or town)		(County)		(Stote)
		at (I) (this haspita		ded the deceased									
	22o. SIGNATURE	Jehr !	or.	W	٨	ATTENDING	ZC DI	ED. RECTOR	STAFF PHYS.			11-	SIGNED
	22c. PHYSICIAN'S NAME (Type)	J. Edwin	Fas	sett,M.D.		22d. ADDRI		e St-	-Cambri	dge,	Md	•	
	BURIAL, CREMATIC REMOVAL (Specify Burial	Nov 10-1	960	East New	Mark	cet Ceme	tery		t New Ma			rylan	
24.	J. Frampt	on and Son,	Fede	eralsburg,	Mary.	land	25a. REC	D BY REGIST	RAR 25b. REG	ISTRAR'S S			

the state of the state of the state of

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Whare dacessed lived, If Institution: Residence before edmission) b. COUNTY Dorchester. c. CITY OR TOWN (If outside corporeta limits, write RURAL end give nearest town) Rural e. IS RESIDENCE ON A FARM? YES NO T Nov. 60 19 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Days Menths 12. CITIZEN OF WHAT COUNTRY? U.SA. Salley Mae Beasley Address Walter Jones Linkwood, Md. Rt. INTERVAL BETWEEN ONSET AND DEATH day PERFORMED? NO 20f. (City or town) (County) (State) Inspection X Inquiry and in my opinion Undetermined manner ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER Addrass (Streat, city, town, or county) 22d. LOCATION (City, town, or country) (State) Salem. Dorchester 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE

THE ROTTE AND RECORDED THE PROPERTY AND ADDRESS OF THE RECORD THE PARTY OF THE PART DUEST CONTROL OR HE STATE OF THE STATE OF TH THE RESERVE OF THE PARTY OF THE

FOR STATE HEALTH DEPT. al director. Page for your files. Board of Health, TO DEPITY: MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is please to the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the continuous forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permityfile pages 1 and 2 with the State Boar or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after deathers.

VS. A1SME 5M 7/S9 MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12517 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	TOUT	AL DAAMINER 5	- Thirties			10 h	200	
	PLACE OF DEATH	AND DESCRIPTION OF THE PARTY OF	2. USUAL RESIDEN	ICE (Where deceesed I	ivad, If institution	Residence	6.0.	imission)
	a. COUNTY		a. STATE	L E	. COUNTY			
	Dorchester. Co.	MARYLAND	Mary	land	Doro	heste	er. (30-
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporete lim	its, write RURAL en	d give nea	rest tow	n)
	en e	0 7	12 0 1					
	Cambridge, Maryland,	in barried size desired	d. STREET ADDRESS	Ldge, Maryl	and	-	e. IS RE	CIDENICE
	c. HAME OF HOST HAE OR MATHONOM (II NO	in nospilar, give sileer eddress,	d. SIREEI ADDRESS					FARM?
G	asgow Nursing Home		Leonard, 1	lane			YES 🗌	NOVYY
3.	NAME OF First	Middla	Last	4. DATE	Month	Day	Yaar	
	DECEASED (Type or print)			OF DEATH			10	
	Matilda	Elizabeth E	ell		11	28_	19	60_
5.	SEX 6. COLOR OR RACE 7. N	ARRIED NEVER MARRIED B	. DATE OF BIRTH	9. AGE (I			UNDER	
	Transla WI	DOWED DIVORCED	7/2/1872	88	thday) Months	Deys I	Hours	Min.
10a	Temate will re	106, KIND OF BUSINESS OR INDUSTR				IZEN OF V	WHAT CO	OUNTRY?
do	ne during most of working life, even if retired)			01 1010.3.1				OTTINIT
	Housewife	Housewife	Maryland		T	I.S.A.		
13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME				
15	Levin James Spicer WAS DECEASED EVER IN U.S. ARMED FORCES?	14 SOCIAL SECURITY NO 1 17 T	Ane	ette Keene	Address			
(Ye	s, no, or unkown) (Ifyes give wer or detas of service							
	No No	No Mm	Spicer Rel	II Tablet	Asro Comb	and die	o M	2
-	NO IB. CAUSE OF DEATH Enter only one caus	e per line for (e), (b), and (c).)	• Spicer Bel	rie Tanton	HAE' CHILL	INTER	VAL BET	WEEN
	PART I. DEATH WAS CAUSED BY					ONSE	T AND D	EATH
	MMEDIATE CAUSE (a)	yocardial Fail	ure					
	DUE TO							
	Conditions, if any, which (b)					100		
	geve rise to immediate cause					-		
	(a), steting the underlying DUE TO							
	cause last. (c)							
Z	PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITI	ON GIVEN IN PART	1(a) 19.		
N.	Fracture of nec	le night fomun				vec	PERFOR	
CERTIFICATION		DESCRIBE HOW INJURY OCCURED. (E		11 - 0- (1) (1) 10		YES		40 X
RTI	PRIMARY Or CONTRIBUTING	DESCRIBE HOW INJURY OCCURED. (E	niar nature of injury in re	IT I OF PART II OF ITEM IB.				
S	CAUSE OF DEATH.	lipped and fel	1 in home					
Y.	20c. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 200. PLA	CE OF INJURY (Home, far	m, ; 20f. (City or town) (Cou	inty)	(:	State)
G	9 Hour a.m. 77 16 160	TO THE STATE OF TH	ory, street, office bldg., etc	c.)				
X	8 P. Jm 11/6/60	at work at work X Hom	e	- Cambrid	le. Dor		Md.	
	21. I certify that I took charge of the	e remains described above, he	ld an Autopsy	Inspection X,	Inquiry ,	and in	my op	inion
	death resulted from: Natural causes	Accident Suici	de T. Homicide	☐. Undeterm	ned manner	1		
						,		
	V , 1	· 0'	CHIEF MEDICAL	EXAMINER				
	SIGNATURE STORY	mary.	M.D. ASSISTANT ME	DICAL EXAMINER		DAT	re sigi	NED
		6		L EXAMINER 7	7/20/60			
	NAME (Type) John Mace J	r. M.D.			-/-/			
00-	***************************************	22c. NAME OF CEMETERY OR		city, town, or county)		1	15	
2 28	BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	226. NAME OF CEMETERY OR	CREMATORT	22d. LOCATION (Cit	y, town, or country	,	(Stete	,
P	urial 11/30/196	Downhasten M	amonial Darl	Combad	des Masses	Sand		
23	TUNERAL DIRECTOR 11/30/196	O Dorchester Me	Z48. KE	D BY REGISTRAK Z	BE REGISTRAK SES	BATTANDI		
		de - Combandana M	awrland		21 04			
	Le Compte Funeral Serv	ice, Campriage, M	ar y rando MEC	9 '60	Outling S. H	talla		

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Linguis Institut Milmoleta cell 12 25 15 50

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MARYLAND STATE DEPARTMENT OF HEALTH

of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 200 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12523 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1	1. PLACE OF DEATH •. COUNTY	USUAL RESIDENCE (Where dacaesad lived, If Institution; Rasidence belora edmission) a. STATE b. COUNTY
	Dorchester, Co. MARYLAND	Maryland Dorchester, Co.
	b. CITY OR TOWN (il outside corporata limits, c. LENGTH OF STAY IN 1b writa RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
	Cambridge, Md. R.B.D.# 3,. 9 Months	Cambridge, Maryalnd, R.F.D.# 3
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS
	Cambridge, Maryland, R.F.D.# 3.	None YES NO NO
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
	(Type or print) Mary Catherine Jackson Brinsf	DESTU
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
	Female White WIDOWED DIVORCED 8	, , intolina poys Hours Mills
_	10a. USUAL OCCUPATION (Give kind of work done during most of working life, avan if ratired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	Housewife Housewife	Dorchester, Co. Maryland, U.S.A.
1	13. FATHER'S NAME	Dorchester, Co. Maryland, U.S.A.
-	Samuel Jackson	Mary Jackson
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yes, no, or unknown) (Ifyesgiva warordates olservica)	NFORMANT Address
		Samuel Brinsfield, R.F.D.# 3, Cambridge, M
	18. CAUSE OF DEATH [Enlar only one cause par line for (e), (b), end (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COPON BRY OCC	usion onset and death instant
	DUE TO	
	Conditions, il any, which (b)	
	gava rise to immediate cause	
E	(e), stating the underlying cause last.	
-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	PERFORMED?
	208. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (E	nter neture of injury in Pert I or Pert II of item 18.)
	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
ı	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
ž	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	rry, street, office bldg., etc.)
	21. I certify that I took charge of the remains described above, he	d an Autopsy , Inspection , Inquiry , and in my opinion
Ŀ	death resulted from: Natural causes V. Accident . Suici	de , Homicide , Undetermined manner
4		CHIEF MEDICAL EXAMINER
	ACTUAL LESS - 2	ASSISTANT MEDICAL EXAMINER TO DATE SIGNED
	SIGNATURE STORY	DEPUTY MEDICAL EXAMINER 11/18/60
	NAME (Type) John Mace Jr.	Address (Streat, city, town, or county)
	22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	
		mondal David Combatta No. 2
	Burial 11/20/1960. Dorchester Me	
	Le Compte Funeral Service, Cambridge, Man	evland DATE NOV 23'60 Gun S. Knows
- 4	To 011 07 07 07 17 18 18 18 18 18 18 18 18 18 18 18 18 18	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any shalpy in please.

If the the certificate, writing the word "pending" in pencil in them 18. Give Pages 1, 2, and 3 to the standard 1 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boal or its designated agent, prior to burial, cremation, or removal, and In any event within 72 hours after death. VS. A15ME 5M 7/59

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	11		West of the second		
.k.8.0 .in	Fyrol .ol (Torobacte	eqiment)		aliment
	donteson	TIPL		municol	Langua 3
emblecat (f. s.c.	f.A phieiteni	ed Leamest . 7		oll	
		goth, r/1ce			

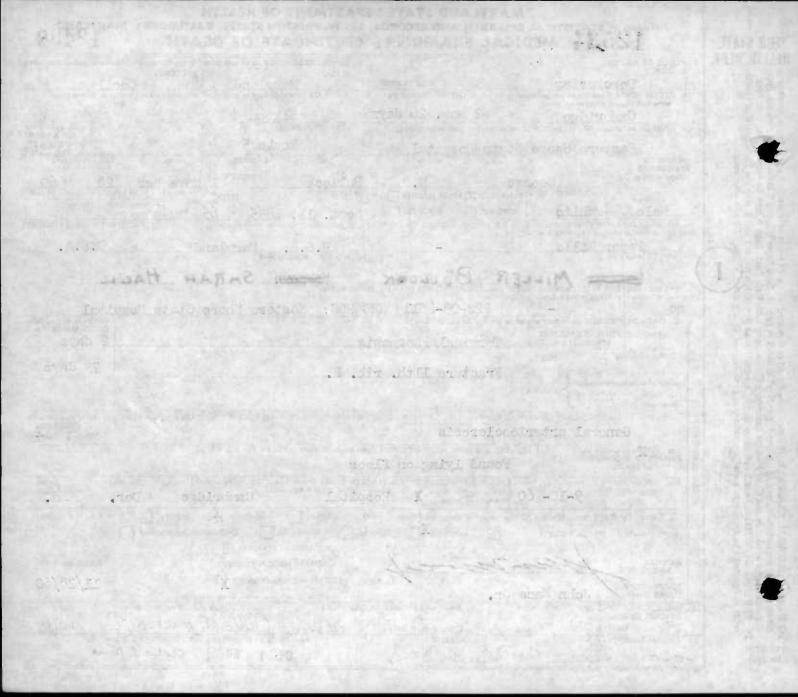
cond.l = 11/Co/1960. Compute terrorellar forms. Terror 18 c. 18 c.

FOR STATE TO DEPUT'S MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please the the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the the first or. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event with 172 hours after death.

VS. A15ME 5M 7/S9

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1234 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	a. COUNTY	2. USUAL RESIDENCE (Where decaesed lived, if institution, Res	sidence before admission)
1	Dorchester MARYLAND	Maryland Cec	17
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end	
	write RURAL and give nearest town) Cambridge 2 mos. 26 days	Elkton	7 X L
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	. IS RESIDENCE
1	Eastern Shore State Hospital	Route 5	YES NO
	3. NAME OF First Middle	11	Day Yaar
	(Type or print)	OF DEATH	00 10 (0
	George M.	Bullock November 8. DATE OF BIRTH 19. AGE (In years 11F UNDER 1 Y)	28 19 60 EAR IF UNDER 24 HRS.
	A MANGED RE METER MAKAGED	last birthday) Months Da	ays Hours Min.
	Male White WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUST	Sept. 11, 1895 65 yrs. RY 11. BIRTHPLACE (State or foreign country) 12. CITIZE	EN OF WHAT COUNTRY?
	done during most of working lifa, evan if ratired)	12. CITE	IN OF WHAT COUNTRIE
	Paper Mills -	U.S.A. Maryland	U.S.A.
I	No. PATILE STROME	14. MOTHER'S MAIDEN NAME	
	MILLER BULLOCK	Unknown SARAH HAL	
	(Yes, no, or unkown) (Ifyasgiyawarordatesofservice)	INFORMANT Addrass	
		ECORDS: Eastern Shore State Hosp	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
	IMMEDIATE CAUSE (a) Terminal Pneumon	nia	2 days
1	9 0 4 2 DUE TO		TO 1
V	Conditions, if any, which (b) Fracture 11th. r	ib. R.	79 days
	gava rise to immediata cause (a), steting the undarlying DUE TO		
0	cause last. (c)		
V	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?
	General arteriosclerosis		YES NO
	E DDIMARYT CONTRIBUTING	(Enlar nature of Injury In Part I or Part II of Itam 18.)	
10	CAUSE OF DEATH. Found lying on fl	.oor	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County	y) (State)
	Hour s.m. 9-10-19 60 While Not While at work Ho	spital Cambridge Dor	. Md.
	21. I certify that I took charge of the remains described above, he	eld an Autopsy . Inspection . Inquiry .	and in my opinion
	- T	cide , Homicide , Undetermined manner	
1		CHIEF MEDICAL EXAMINER	
1	ACTUAL VIALA 74	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	SIGNATURE	DEPUTY MEDICAL EXAMINER	
	NAME (Type) John Mace Jr.	Ar .	11/28/60
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	Address (Sireet, city, town, or county) R CREMATORY 22d. LOCATION (City, town, or country)	(State)
	REMOVAL (Specify) 11-38-60 Union M.	ethodish Obton R. D. Cecipl	6 md
0	23, MUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGI	
1	Just R Leave north East may	DATEDEC 1 '60 arthur 8. H	
	The second second second	IDAIR	
	V ,		



12519 CERTIFICATE OF DEATH

12499

									Reg. Dist.	140.	
1. PLACE OF DEATH a. COUNTY	Dorches	ter	MAR	YLAND 2.	CTATE	Mary]		ved. If instituti b. COUNTY			
RURAL and give n	Cambridge		c. LENGTH OF STAT	YINTE			utside corporet L-Camb	e limits, write R	URAL and giv	e nearest t	own)
d NAME OF HOSPI OF INSTITUTION Cambri	TAL (If not in hospital, g dge Maryl	and	Hospital		d. STREET	RFD #	#2			01	RESIDENCE N A FARM? NO 🖎
3. NAME OF DECEASED (Type or print)	Will:	iam	Midd! (Willi	e)	Burro		4. DATE OF DEATH	Mon Nov		Day 26.	Yeor 1960
5. SEX Male	6. COLOR OR RACE Negro	7. MARR			an. 1	н 5. 19	901	AGE (In years last birthday) 59 yrs.		YEAR IF UI	NDER 24 HRS.
10a. USUAL OCCUPATION during most of wor Farm 13. FATHER'S NAME	ON (Give kind of work of king life, even if retired) Hand		Farming	OR INDUSTRY	11. BIRTHP	chest	ter Co	•• Md.		USA	AT COUNTRY?
	eorge Bu	rrow	19:		4. MOINER S	MAIDEN N	Elle	n Par	rows		
15. WAS DECEASED EVE	ER IN U. S. ARMED FOR			D. 17. INFO	RMANT		1110	Add			
(Yes, no or unknown)	(If yes, give wor or dotes of se	21	8-30-123	9 Be	11 Bu	rrows	s. RFD	2. Ca	mbrid	ge.	Md.
Conditions, if a gove rise to it cause (a), stating lying cause lost. PART 11. OT	immediate (ONTRIBUTING TO DE	ATH BUT NO	T RELATED TO	THE TERMIN	NAL DISEASE C	ONDITION GIV	EN IN PART I	(a) 19. W/	AS AUTOPSY RFORMED?
20a. ACCIDENT WA	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DESC	CRIBE HOW INJURY (OCCURRED. (E	nter noture o	of injury in P	art I or Part II	of item 18.)		YES	NO
20c. TIME OF INJUING Hour o. m., p. m.		While	Not while of work		OF INJURY (town)	(Cou	unty)	(State)
21. I certify the alive on_No! ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	JE for	196	and tha	t death oc	curred at	8 P	M, from t	, 1960 he causes a t. city or town, mbrid g	and an the	date st	ne deceased ated abave. DATE SIGNED 1-29-6
22g. BURIAL, CREMATIC REMOVAL (Specify) Burial	ON, 226. DATE THEREO		22c. NAME OF CEN	NETERY OR CR				N (City, town, o			Md.
23. FUNERAL DIRECTOR		u	Cambri			240. REC'D	BY REGISTRA	R 24b. REGIS	STRAR'S SIGN	ATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNE ACIDIRECTOR: After this certificate has been signed by the attending physician and campletely filled they the funeral director, page 3 ld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages d 2 should be filled with the regisfrar prior to burial, crematian, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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CERTIFICATE OF DEATH 12500 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o COUNTY b. COUNTY Dorchester MARYLAND Maryland Dorchester b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Taylors Island Taylors Island d. NAME OF HOSPITAL (If not in haspital, give street oddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO NAME OF DECEASED First 4. DATE Middle Month William Cornish 1960 Nov. DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 1866 Negro WIDOWED T DIVORCED | Male 10o. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? Dorchester Co. . Md. USA Laborer Laborer 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary P. Cornish Thomas Travers 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Naomi Tilghman, Taylors Island, Md. No 18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cardiac Decompensation IMMEDIATE CAUSE (o) **DUE TO** Arteriosclerotic Heart Disease Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Day, Year 20f. (City or town) (State) (County) foctory, street, office bldg., etc.) Hour o. m Not while of work of work November 15,960, that I last saw the deceased 21. I certify that I attended the deceased from October 2, 1959, ta alive an November ____, and that death accurred at 10 PM, from the causes and an the date stated above. 160 ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE 227 Pine St-Cambridge. PHYSICIAN'S Edwin Fassett.M.D. NAME (Type)

P

11/20/1960

220. BURIAL, CREMATION.

22c. NAME OF CEMETERY OR CREMATORY Taylors Island

22d. LOCATION (City, town, or county) Taylors Island

(State)

240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Cambridge, Md Clothur & though DATE

This Disk Pro-	MYS OF DEATH		78.851	
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Ment II (m. 1) Ment II (m. 1)				

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deloy is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be certificated to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retter that for your files.

TO FUNE: DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the 5st. Board of Health, or its designated agent, prior to barial, cremation, ar removal, and in any event within 72 hours after death.

A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12520

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12501 Reg. Dist. No.

	COUNTY				2.	USUAL RESIDENCE	E (Where decea			e before o	odmission)
		Dorch		MARYL	AND	o. STATE Mai	ryland	b. COUNT	Dor	ches	ter
ь.	CITY OR TOWN (If a ond give nearest fown)	autside corporate limits, writ	RURAL	c. LENGTH OF STAY II	4 1b	c. CITY OR TOWN	l (If outside car	porate limits, write	RURAL and g	ive neares	st lawn)
	Cambri	400		25 yrs		/ S Car	nbridge	е			
d.	NAME OF HOSPITA	L OR INSTITUTION	If not in ho	spital, give street address		d. STREET ADDRES	5				IS RESIDENCE
	Cambri	dge Mary	land	Hospital		190	Cross	Street			S NO K
	AME OF ECEASED	Fir	st	Middle		Lost	4. DATE	Mont	h	Day	Year
	ype or print)	Pau	L			Downes	DEATH	Nov		19	1960
5. SE	Х	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	B. DA	TE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 19		JNDER 24 HRS.
	Male	Negro	WIDOWE	DIVORCED		Tan. 1.	1905	55 yrs.	Months D	oys Hou	urs Min.
10a.	USUAL OCCUPATIO	N (Give kind of work	dane 10b.	KIND OF BUSINESS OR IT	NDUSTRY	11. BIRTHPLACE (SI	late or foreign (country)	12. CITIZI	N OF WE	HAT COUNTRY
du	Tiabo	life, even if retired). 같은만	-	Laborer	-	Man	ryland			USA	
13. F	ATHER'S NAME	1 01		20,001,01	14	MOTHER'S MAIDE	- North			0,011	
		Stepher	о по	eat			Blanc	he Down	200		
15. \	WAS DECEASED EVE	R IN U. S. ARMED FO			17. INFO	MANT	Draire.	Address	iles		
You,	no, as unknown)	Ill yes, give war ar dates of	service)	20-10-6132	T	auline	Downer		idge,	Md.	
		H [Enter only one co			-	aullic	DOWNICL	, Jampi	-ugo,	INTERVAL B	
		H WAS CAUSED BY:				-	2023 S		77.74	ONSET AND	D DEATH
		IMMEDIATE CAUSE (0		ORONA	RY	EM	BOLU.	2		10	MINUTE
	720	DUE TO							135		
	Conditions, if on gove rise to immed										
	(o), stoling the u										
_	cause lost.) (c					~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
ğ	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIV	EN IN PART		REORMED?
3										YES [D NO D
CERTIFICATION	20g. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.	SE WAS	Db. DESCRIB	BE HOW INJURY OCCURE	RED. (Enter	nature of injury in	Part I or Part II	af item 18.)			
3	20c. TIME OF INJUR	Y Month, Doy, Ye	or 20d.	INJURY OCCURRED 200	PLACE C	F INJURY (Home, f	form, 20f. (City	y or town)	(Count	(y)	(State)
MEDICAL	Hour o. m.	19	Whil	le Not white	factory.	street, office bldg.,	elc.)				
- In	p. m.			remains described	above	held on Auto		nemastica []	Inquiry		and in
		_						. pound.		hand'	and in my
	opinion death i	resulted from:	Natural	causes , Accid	ent [],	Suicide [],	Homiciae	Undele	rmined mo	onner [
	ACTUAL	011	2		-	CHIEF LIFE IN				DA	TE SIGNED
	SIGNATURE	algus	10.	maryan	M	D. CHIEF MEDICA					,
	EXAMINER'S	2. 50	0			VOSISIVIAI WEI				11/2	22/60
	NAME (Type)	ALFRED	R.			DEPUTY MEDIC				/	
220.	BURIAL, CREMATION REMOVAL (Specify)	N. 226. DATE THERE	OF .	22c. NAME OF CEMETER				TION (City, town,			State)
	Burial	111/23/	1960	Waugh Cer	nete:			nbridge.			d
23. F	WIERAL DIRECTOR	SICHATURE	1	ADDRESS			EC'D BY REGIST		STRAR'S SIGN	ATURE	
1	crock	MUMIL	ut	Cambr	idge	Md. DATE	W 28	60 C	rlhug g	4	
-			1	/						FULLULA	

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Cuthun & Harris

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1. PLACE OF DEATH	Total Interest			2. USUAL RESIDENCE a. STATE	(Where deceased live	d. If institution: R	esidence before or	amission-
	hester, Co.		MARYLAND	Maryl	and	7	orcheste	r. Co.
b. CITY OR TOWN (RURAL ond give n	If outside corporate limits,	write c. LENGTH	OF STAY IN 16	c. CITY OR TOWN	(If outside corporate			
	land, Maryla				Island, Ma	ryland.		
d. NAME OF HOSPIT	TAL (If not in hospital, give	e street oddress)		d. STREET ADDRESS	S			RESIDENCE
Home				None				S NO
3. NAME OF	First		Middle	Last	4. DATE	Month	Day	Year
(Type or print)					OF DEATH		00,	
	James	Α.	Geoheg			11	22	19 60
5. SEX	6. COLOR OR RACE 7	MARRIET	ER MARRIED	8. DATE OF BIRTH	9. A		nths Days Ho	ours Min.
Male	White	VIDOWED 🗌	DIVORCED	5/18/1864	9	yrs.	50/5	
100. USUAL OCCUPATION	ON (Give kind of work do	ne 10b. KIND OF 80	JSINESS OR INDUS	TRY 11. PURTHPLACE IS	tele or foreign countr	y) (Y	2. CITIZEN OF WH	IAT COUNTRY
	king life, even if retired)	Shin C	mantan				U.S.	A
Waterman 13. FATHER'S NAME		Dillp= 08	rpenter	James Is		rland.	UeDe	A.
	Reohegan			Jane Wa	llace			
15. WAS DECEASED EVE (Yes, no, or unknown)	ER IN U. S. ARMED FORCE (If yes, give wor or doles of servi		URITY NO. 17. IN	FORMANT	Brook	clyn, 25,"	Md.	
No	No	No	Mr	s. Trying H	osreman,			
	ATH [Enter only one cous				0 :		INTERVA	AL BETWEEN
	ATH WAS CAUSED BY:	Por	ا ما د م	1 Tus Cu	thicip	ncul	ONSET	AND DEATH
	IMMEDIATE CAUSE (o)	004	o rear	9 20134	3 3166	4	12 1	nohTA
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Conditions, if			ordna	ery Mc	9	171763	SE /	OYYS
gave rise to i				/				/
lying couse lost.								1
Z PART II. OT	HER SIGNIFICANT CONDI	TIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE CO	NDITION GIVEN I	N PART 1(o) 19. V	VAS AUTOPSY
OIT							P	ERFORMED?
<u> </u>						r :: 101	16	S NO
PART II. OTI	CAUSE OF DEATH	OF DESCRIBE HOW	INJURY OCCURRED	D. (Enter nature of injury	in Fort I or Fort II o	r irem 18.)		
	MEDICAL EXAMINER)		M HISTORY					
20c. TIME OF INJUS Hour o. m.	RY Month, Doy, Year	20d. INJURY OCC		CE OF INJURY (Home,		own)	(County)	(Stote)
Hour o.m.	19	While Not w	ille_	tory, street, office bldg.,	erc.)			
				06.11		11/12	1	
21. I certify the	at (I) (this haspital)	attended the d	eceased fram	7/30/60	19, ta	1/24	1960, that	(1) (we) last
saw the decea	sed alive an	7/30 196	and that d	eath occurred at	/_/M, fram the	causes and a	n the date sto	ated abave.
220 SIGNATURE	(1)	10			A	1111111111		226. DATE
	luisem	Mary	www.	M.D. PHYS.		TAFF HYS.	1//	25/11
22c. PHYSICIAN'S	1 0 0		The state of the s	22d. ADDRESS		^	1 1	100
NAME (Type)	LIMIEN	ce Wa	ryznol	1 136 K	acost	(Jm,	bridge	Md
	ON, 236. DATE THEREOF	23c. NAM	E OF CEMETERY O	R CREMATORY	23d. LOCATION	(City, town, or co	unty)	(Stote)
REMOVAL (Specify)	11/25/1960	O. Bri al	c Churck	Vand	T	lows Tala	Wa	on al
24. FUNERAL DIRECTOR		ADDR			REC'D BY REGISTRAR	ors Isla 25b. REGISTRA	R'S SIGNATURE	land.

Le Compte Funeral Service, Cambridge, Maryland, DATE DEC 9

by the funeral director,

may be provined by the haspital or attending physician.

TO FUNE:

DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 haurs after death.

TO HOSPITAL OR AMENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hayrs after death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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VR A1S (4) 1SM 9/59

1.	PLACE OF DEATH a. COUNTY	chester, C	0.	MARYLAI		JSUAL RESIDENCE (V L. STATE Marvlai		d lived. If instituti b. COUNTY	on: Residence Dorche	e befor	e admissi	ian)
	b. CITY OR TOWN (If	autside corporate limi		c. LENGTH OF STAY IN	1b	CITY OR TOWN (II		orate limits, write F	URAL and g	ive near	rest tawn)
	RURAL and give new	Maryland.		Life	1	Cambrid	ge. Mar	vland.				
	d. NAME OF HOSPITA	AL (If nat in haspital, g	ive street	address)		d. STREET ADDRESS	3-1			e	. IS RES	IDENCE FARM?
	607 Race.	Street				607 Rac	e. Stre	et.	14.6			NO D
3.	NAME OF DECEASED	Fire	st	Middle		Last	4. DATE	Mar	nth	Day	,	rear .
	(Type ar print)	Minnie		Willey		Hughes	DEATH		11	8	1	9 60
S.	SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	□ B. DA	TE OF BIRTH		9. AGE (In years last birthday)	7	-		
1	Female	White	WIDOWI			/30/1888		71 yrs.	Manins	Days	Haurs	Min.
100	 USUAL OCCUPATIO during mast af warking 	N (Give kind of work of ing life, even if retired)	dane 10b.	KIND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (Sta	ite ar fareign c	country)	12. CITIZ	ZENOF	WHATC	OUNTRY?
	Housewife			Housewife		Marylan	d		U,	S.A		
13.	FATHER'S NAME				14	MOTHER'S MAIDEN	NAME					
_		Villey				Bertie 1	Willey					
		R IN U. S. ARMED FOR- If yes, give wor or dates of se		SOCIAL SECURITY NO.	17. INFOR	MANT		Ado	Iress			
	No	No		No	Mr.	Arthur Hu	ghes, 6	07 Race,	St.	Camb	ridg	e, Me
		TH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Ty, which n mediate the under: DUE TO	a	ge for (a), (b), and (c).]	y C	ertery	theo	untos	co.		RVAL BE	
CERTIFICATION	PART II. OTH			CONTRIBUTING TO DEATH	300				VEN IN PART	1(a) 19	PERFO YES	NO NO
	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCI	URRED. (Er	ter nature af injury i	in Part I or Par	rt II af item 18.)				
MEDICAL	20c. TIME OF INJURY Have a.m. p.m.	Manth, Day, Yea	20d. If While at war	Nat while	e. PLACE (factory,	OF INJURY (Hame, fa street, affice bldg., e	erm, 20f. (City	y ar tawn)	(C	aunty)		(State)
	226. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	H.HAN	18 ~K ~K5	/2	M.D.	ATTENDING APPRESS 224 APPRESS AC (8)	MED. DIRECTOR	the causes ar	d an the		stated	abave. DATE SIGNED
	BURIAL, CREMATION REMOVAL (Specify)			23c. NAME OF CEMETE	RY OR CRI	MATORY	23d. LOCA	TION (City, tawn,	ar county)		(State	e)
-	Burial	11/10/19	60.	Dorcheste	r Men		k (ambridge TRAR 25b. ktg	Mary	lan	d.	
24.	FUNERAL DIRECTOR'S	- 61		ADDRESS	26				97 RAR'S '516	NATUR	E	
	Le Compte 1	uneral Der	vi ce	. Cambridge.	Mary	Tand DATE	ON 4 C 1C	0	. 0 1			

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5. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	The may be restricted by the haspital ar attending physician.	rectar,	d with	
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OSPIT	y be re	UNER	ge 3 sfi	the State Board of Health prior to burial, cremation, or removal, and in any event within 77 hours offer death.
101	ma	10 F	bd	the
VR 15	M	9/5	(4)	

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M	PLACE OF DEATH OR CHESTER MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If imilitation: Raighered before admission) on 51ALE MARY Left of 1. COUNTY COUNTY	
		vn)
016	d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RE ON INSTITUTION	A FARM?
	DECEASED T	-
	F. W- WIDOWED DIVORCED 1886, About 19th birthdoy) Manths Days Hours	
	Howe wie - Unknowic. 4.5.	9
	(Yes, no, or unknown) (If yes, give war or dates of service)	
	PART I. DEATH WAS CAUSED BY: My ocardial Degeneration. Sever.	D DEATH
	Conditions, if ony, which gave rise to immediate cause (o), stating the under-	yes
	PERF YES [ORMED?
0		
	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 While Nat while ot work of twork of two twork of two	(Sto
	220. SIGNATURE SITUAL VINCULY M.D. ATTENDING MED. STAFF PHYS. & Mc DEM.	2b. DATE
1	NAME (Type)	l.
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) TO SHE URIA 19/60 MT. SAIEM WILMINGTON DE	
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE LECOMPTE FUNERAL SER. CAMBRIDGE MIDDLY 9 '60 Chilling & Kraus	

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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 12538 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	PLACE OF DEATH	orchester		MARY	LAND	2. USUAL RESIDENCE (Va. STATE Mary	Where deced	sed lived. If in b. CO	11.171/	roline	
	RURAL and give ne	f autside carporate limi carest tawn) ambridge	ts, write	c. LENGTH OF STAY		c. CITY OR TOWN (I	If autside car Isboro	porate limits, w Ruz		d give neare	st tawn)
	OR INICTITUTION	AL (If not in hospital, g Eastern Sh		oddress) State Hospit	tal	d. STREET ADDRESS		None	05)	(-)	IS RESIDENCE ON A FARM? YES NO
1	NAME OF DECEASED (Type or print)	Roy	's†	Middle		Kemp	4. DATE OF DEA1	н Nov	Month ember	15	Year 19 60
5. 5	Male Male	6. COLOR OR RACE White	7. MAI	RRIED NEVER MARRIE		March 9,	1903	9. AGE (In			Haurs Min.
10a	during most of work Rarmer	ON (Give kind af wark king life even if retired aboror	dane 10b	. KIND OF BUSINESS O	R INDUST	Marvlar	be			.S.A.	VHAT COUNTRY
13.	FATHER'S NAME Bob	Kemp				14. MOTHER'S MAIDEN	Be]	.1			
15. (Ye		R IN U. S. ARMED FOR (If yes, give war or dates of s	ervicet	. SOCIAL SECURITY NO. 221–10–6566		ormant CORDS - Eas	stern (Shore S	Address tate Ho	spita	1
	Canditians, Tra gave rise to it cause (a), stating lying cause last.	mmediate (G	ypertensive eneral Arte							
CERTIFICATION			IDITIONS	CONTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE TER	RMINAL DISE	ASE CONDITIO	N GIVEN IN PA		WAS AUTOPS' PERFORMED? YES NO
	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OF	CCURRED	(Enter nature of injury	in Part I ar F	art II af item 1	B.)		
MEDICAL	20c. TIME OF INJUR Haur a.m. p. m.	Y Manth, Day, Ye	ar 20d. Whit			CE OF INJURY (Hame, fo ary, street, affice bldg.,		ity ar tawn)		(County)	(Stat
		It (I) (this haspital sed alive an Nov		ided the deceased		December 8	19.59to A.M. fra				t (I) (we) la stated abave
	220. SIGNATURE	Det	ile	ppis		.D. ATTENDING PHYS.	MED. DIRECTOR	STAFF	1.5		22b.DATE SIGNE
	22c: PHYSICIAN'S NAME (Type)	Dr. E. De	Fili	ppis		E.S.S.Hos	pital,	Cambri	dge, Mo	i.	11-15-6
230	BURIAL, CREMATIO	11-18-		23c. NAME OF CEME	liv				own, ar caunty 1, Del		(State)
24.	FUNERAL DIRECTOR	s signature	Hr	ADDRESS			NOV 1 7		REGISTRAR'S		

Edd thought below the first Manager of the County of the C COLUMN PROPERTY. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be restrined by the haspital or attending physician.

TO FUNER RECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 strong be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 cm 2 shauld be filled with the State Board of Health priar to burial, cremation, ar remayal, and in any event, whilin 78 thours after death.

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

12507

12539

CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence	e before admission)
OCCUPITY DORCHESTER MARYLAND	O. STATE MARYLAND B. COUNTY TAL	LBOT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CAMBRIDEE LENGTH OF STAY IN 16 PEARS	c. CITY OR TOWN (If outside corporate limits, write RURAL and gi	ve nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE
EASTERN SHORE STATE HOSPITAL	30X-	ON A FARM? YES NO Y
3. NAME OF DECEASED (Type or print) NORA VIRGINIA	LAMBDIN 4. DATE Month OF DEATH NOV. 8	Day Yeor 1960.
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED		YEAR IF UNDER 24 HRS Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		EN OF WHAT COUNTRY
13. FATHER'S NAME THOMAS BALL	14. MOTHER'S MAIDEN NAME	
	MARY HARRISON	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? I/est. no. or unknown (If yes. give wor or dates of service) NONE	HOSPITAL RECORD	
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CHRONIC	140 CARDITIS	ONSET AND DEATH
THE TO		UNKNOWN
Conditions, if ony, which) (b) GENERAL	ARTERIOSCLEROSIS	
gove rise to immediate couse (a), stating the under DUE TO		
tying couse lost.) (c)		L JID WILL AUTORS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of item 18.)	
	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) (City or town) (Co	ounty) (State
21. I certify that (I) (this haspital) attended the deceased fram.s		O. that (1) (we) las
saw the deceased alive an NOV. 8, 1960, and that a	death accurred at 1007 M, from the causes and an the	
220. SIGNATURE Store De Filippis	M.D. ATTENDING MED. STAFF	22b. DATE SIGNED
22c. PHYSICIAN'S RTTORE DEFILIPPIS	EASTERN SHORE STATE H	OSPITAL
23a. BUBIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	PECREMATORY 23d. LOCATION (City, town, or county)	(Stote)
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D 8Y REGISTRAR 25b, REGISTRAR'S SIG	
Mexampleton Harrison of	Michael DATENOV 1 4 '60 archur S. 1	There

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· 技术证明 t TOU JATE THE TOUR MAJESTA MATERIAL SHOWN TO SEE SE HOW OUT THE F 4年 6 4 21 M - ボス ローマンインステード センドノスタイトラ THE RESERVE OF THE PROPERTY OF THE PROPERTY OF the funeral director, 2 should be filed with

chmpletely filled urs ofter death

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ond in ony event, with Then pleose

uted within 24 haurs ofter death. Page

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

c. LENGTH OF STAY IN 16

12508

1. PLACE OF DEATH a. COUNTY o. STATE MARYLAND Dorchester b. CITY OR TOWN (If outside corporate limits, write

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Dorchester Maryland

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Federal	sburg - Rur	ral Life		Fe	deralsbu	irg - Rura	al		
	TAL (If not in hospital, g Reliance			d. STREET ADDRES	eliance				FARM?
3. NAME OF DECEASED (Type or print)	Charles	rst Middle Henry	L	losi enkford	4. DATE OF DEATH	Novemb		-/ 1	Year 1960
s. sex Ma.le	6. COLOR OR RACE White	7. MARRIED NEVER MARRIE WIDOWED DIVORCED		ate of Birth	1876	9. AGE (In years last birthday) 84 yrs.	Months Doys	Hours	Min.
10a. USUAL OCCUPATI- during mast of wor	ON (Give kind of work of king life, even if retired) Farmer	done 10b. KIND OF BUSINESS OF			ter Co.	Marylan	d U.S.		OUNTRY?
Martin	V Lankford ER IN U. S. ARMED FOR (If yes, give wor or dates of s	CES? 16. SOCIAL SECURITY NO.	17. INFO	Elizabet	h Cannor	n Addi		R.F.	
18. CAUSE OF DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO any, which (b) immediate	ause per line far (a), (b), and (c). acute for all attributed.		onary he has			IN.	SET AND	TWEEN
200. ACCIDENT W	, 10	abitions CONTRIBUTING TO DEA ACTIVE CONTRIBUTING TO DEA ACTIVE CONTRIBUTING TO DEA 20b. DESCRIBE HOW INJURY OF	BUT NO	T RELATED TO THE T	TERMINAL DISEAS		TEN IN PART 1(0)	19. WAS PERFO YES [AUTOPSY DRMED?
20c. TIME OF INJUI	RY Month, Doy, Yes	or 20d. INJURY OCCURRED While Not while		OF INJURY (Home, , street, affice bldg.		y or tawn)	(County)	(Stote)

at work at work

saw the deceased alive an

21. I certify that (I) (this haspital) attended the deceased fram.

1960, that (1) (we) last and that death accurred at 2:30%, from the causes and an the date stated above

22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)

Buria

M.D

ATTENDING PHYS. 22d. ADDRESS

A MED.

SIGNED

BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Nov.29,1960

23c. NAME OF CEMETERY OR CREMATORY Cokesbury Cemetery

23d. LOCATION (City, town, &r county)
Near Federalsburg,

24. FUNERAL DIRECTOR'S SIGNATURE Son, Federal Spurg, Maryland

250. REC'D BY REGISTRAR DATE DEC 2

25b. REGISTRAR'S SIGNATURE Cirthur S. Kraus

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate may be reading by the haspital ar attending physician.

TO FUNER RECTOR: After this certificate has been signed by the attending physicial page 3 strong be detached far use as the burial-transit permit. the State Board of Health prior to burial, crematian, ar removal, TO FUNER VR A1S (4) 1SM 9/59

The state of the s - Committee of the control of the co 12540 Cuspingare of Deale Total Agraement Cat. 2 Jac.

the funeral directar, should be fitted with

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

12509

	CULT	CERTIII	CAIL	OF DEATE		
o. COUNTY	chester	MARYL	0	SUAL RESIDENCE (V	Where deceased lived. If institution b. COUNTY	Residence before admission
	(If outside corporate limit	s, write c. LENGTH OF STAY I	N 1b c		outside corporate limits, write RUF	RAL and give nearest town)
Camb	oridge	7 mos. 4	das	- " LA	STON	244
	TAL (If not in hospital, gi			d. STREET ADDRESS	-	e. IS RESID
	n Shore Stat	e Hospital		-200	BROOK LETTS	AVE YES
. NAME OF	Firs	t Middle		Last	4. DATE Month	Doy Ye
(Type or print)	Ev	a Bell	0	Marvel	DEATH November	29 19
SEX		7. MARRIED NEVER MARRIE		TE OF BIRTH	9. AGE (In years II	FUNDER 1 YEAR IF UNDER
				9-1-75	lost birthdoy)	Months Days Hours
Female	SATIT OC				85 yrs.	
during most of wor	ON (Give kind of work d rking life, even if retired)	lone 10b. KIND OF BUSINESS OF	RINDUSTRY	11. BIRTHPLACE (Sto	te or foreign country)	12. CITIZEN OF WHAT CO
				Mary.	land	U.S.A.
3. FATHER'S NAME			14.	MOTHER'S MAIDEN	NAME	
John T	andon, Mary	land		Sophia	Ellen Ford, Mary	rla nd
		CES? 16. SOCIAL SECURITY NO.	17. INFORM	-	Addres	
res. no. or unknown)	(If yes, give wor or dates of se					
			Easte	rn Shore	State Hospital R	ecorus
18. CAUSE OF DE	ATH [Enter only one cou	use per line for (o), (b), and (c).				INTERVAL BETY
Conditions, if a gove rise to it couse (a), stating	the under-	Goneral Arter			Se	
lying couse lost.	- / (0)					
Operation	n on 11-16-	options <u>contributing to dea</u> 60: Incision a ochanteric	nd dra	related to the ter inage of .	MINAL DISEASE CONDITION GIVEN Large abscess ov	erlying PERFORM
) LTSUP						YES 🗌
		20b. DESCRIBE HOW INJURY OF	CCURRED. (Enl	ter noture of injury i	n Port I or Port II of item 18.)	YES 🗌
20g. ACCIDENT W.	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) RY Month, Day, Yea	20b. DESCRIBE HOW INJURY OF	20e. PLACE O	ter noture of injury in DF INJURY (Home, fo street, office bldg., e	rm, 20f. (City or town)	(County)
20c. TIME OF INJUI Hour o. m. p. m.	AS UNDERLYING CAUSE OF DEATH Y MEDICAL EXAMINER) RY Month, Day, Yea	20b. DESCRIBE HOW INJURY OC 11 20d. INJURY OCCURRED While Not while ot work of work	20e. PLACE O foctory,	DF INJURY (Home, fo street, office bldg., e	rm, 20f. (City or town)	(County)
20c. TIME OF INJUI Hour o. m. p. m. 21. I certify the	AS UNDERLYING CAUSE OF DEATH Y MEDICAL EXAMINER) RY Month, Day, Yea 19 ot (I) (this hospital)	20b. DESCRIBE HOW INJURY OC IT 20d. INJURY OCCURRED While Not while of work of work	20e. PLACE O foctory, s	OF INJURY (Home, fo street, office bldg., e	rm, 20f. (City or town)	(County)
20c. TIME OF INJUI Hour o. m. p. m. 21. I certify the sow the deceo	AS UNDERLYING CAUSE OF DEATH Y MEDICAL EXAMINER) RY Month, Day, Yea 19 ot (I) (this hospital)	20b. DESCRIBE HOW INJURY OC IT 20d. INJURY OCCURRED While Not while of work of work	20e. PLACE O foctory, s	OF INJURY (Home, fo street, office bldg., e	rm, 20f. (City or town)	(County) , 19, that (1) (which is done stated of the date s
20c. TIME OF INJUI Hour o. m. p. m. 21. I certify the	AS UNDERLYING CAUSE OF DEATH Y MEDICAL EXAMINER) RY Month, Day, Yea 19 ot (I) (this hospital)	20b. DESCRIBE HOW INJURY OC IT 20d. INJURY OCCURRED While Not while of work of work	20e. PLACE O foctory, s	DF INJURY (Home, for street, office bldg., e	20f. (City or town) 20f. (City or town) 10 11-29-60 150 From the couses and	(County) , 19, that (I) (w
20c. TIME OF INJUI Hour o. m. p. m. 21. I certify the sow the deceo 22o. SIGNATURE	AS UNDERLYING CAUSE OF DEATH Y MEDICAL EXAMINER) RY Month, Day, Yea 19 ot (I) (this hospital)	20b. DESCRIBE HOW INJURY OC IT 20d. INJURY OCCURRED While Not while of work of work	20e. PLACE Offoctory, stranger that death	DF INJURY (Home, for street, office bldg., end of the street). -25-60 1 accurred of 3.	20f. (City or town) 9to 11-29-60	(County) , 19, that (1) (which is done stated of the date s
20c. TIME OF INJUI Hour o. m. p. m. 21. I certify the sow the deceo 22c. SIGNATURE	AS UNDERLYING CAUSE OF DEATH Y MEDICAL EXAMINER) RY Month, Day, Yea 19 ot (I) (this hospital)	20b. DESCRIBE HOW INJURY OC IT 20d. INJURY OCCURRED While Not while of work of work	20e. PLACE Offoctory, stranger that death	DF INJURY (Home, for street, office bidg., e	20f. (City or town) 20f. (City or town) 10 11-29-60 150 From the couses and	(County) , 19, that (I) (w on the date stated (22b. 11-2
20c. TIME OF INJUI Hour o. m. p. m. 21. I certify the sow the deceo 22o. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	AS UNDERLYING CAUSE OF DEATH Y MEDICAL EXAMINER) RY Month, Day, Yea 19 of (I) (this hospital) osed alive an 11-	or 20d. INJURY OCCURRED While Not while of work of work on the deceased 129 -60 19, and	20e. PLACE Offoctory, stranger that death	DF INJURY (Home, for street, office bidg., e	20f. (City or town) 9to 11-29-60 150 From the couses and MED STAFF PHYS. X astern Shore Sta	(County) (County) 19, that (I) (we have stated and the date stated are stated are stated are Hospital
20c. TIME OF INJUI Hour o.m. p. m. 21. I certify the sow the deceo 22o. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	AS UNDERLYING CAUSE OF DEATH WEDICAL EXAMINER) RY Month, Day, Yea 19 of (I) (this hospital) ased olive an 11- Ettore DeFil	ar 20d. INJURY OCCURRED While of work of work attended the deceased -29-60 19 ond Clippis, M.D.	20e. PLACE O foctory, stram	DF INJURY (Home, for street, office bldg., e	20f. (City or town) 20f. (City or town)	(County) (County) 19, that (I) (work on the date stated of the stated of the stated of the stated of the state Hospital and

250. REC'D BY REGISTRAR

DATE DEC 2

256. REGISTRAR'S SIGNATURE

arthur S. Kraus

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page may be revained by the haspital ar attending physician.

TO FUNER.

RECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 stroked by the detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death. VR A1S (4) 1SM 9/59

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Lor your files. Lor your files. Board of Health Lor your files. Lor your files. Lor your files.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deplease the the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the if 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be relaw, TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12:142 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12510

1.	PLACE OF DEATH				2. USUAL RESIDEN	ICE (Where dece	esed lived, If i	TV	sidence	before edmission
Y-		hester		MARYLAND		ftd . f 1				500
	write RURAL end	give neerest lown)	its,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		ote limits, write	RUKAL end	give ne	arest town)
	Cambrid	lge		8 Months	Kenned	yville		14-)	K .	- 2
	d. NAME OF HOSPI	TAL OR INSTITUTION (if not in hos	pital, give street eddress)	d. STREET ADDRESS				1	. IS RESIDENC
		Hospital								YES NO
3.	NAME OF DECEASED	First		Middle	Last	4. DATE	Month		Day	Yeer
	(Type or print)	Edgar		Rylana	Pennington	DEATH	Nov		11	19 60
5.	SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	B. DATE OF BIRTH		AGE (In yeers	IF UNDER 1 Y	EAR II	F UNDER 24 HRS
1	3603.0		WIDOWEI		7/24/75		85 yrs.	Months De	вуя	Hours Min.
10	Male Male	ION (Give kind of work		ND OF BUSINESS OR INDUST				140 61717	511.051	1
de	one during most of wo	orking life, even if retire	id)		RY 11. BIRTHPLACE (State	or toreign count	ry)			WHAT COUNTRY
	Farmer	r		Farming	Maryland				U.S.	A.
13	. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	100			
	W411	Liam Pennin	oton			Ke	lly			
	. WAS DECEASED EV	ER IN U.S. ARMED FOR	RCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address			
{Y		If yes give wer or detes of s	ervice)	072 01. 701.6	December E	C C 11-	anital			
-	NO I	NEEDLE LEAD he		213-24-1046 ne for (e), (b), end (c).]	Records E	.D.D. NO	sprear	•		
		H WAS CAUSED BY:	cause per II	ne for (e), (b), end (c).]					ONSE	ET AND DEATH
		IMMEDIATE CAUSE (a)	Ter	minal Pneumon	ia		4 - 19			2 days
	W.Z.	DUE TO								
	Conditions, if any	which 7 (b)								
	gave rise to immedi	iete cause					-			
	(a), stating the u	nderlying DUE TO								
	couse lost.) (c)								
O N	PART II. OTHER	R SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE CO	NDITION GIVE	EN IN PART 1	(a) 19.	WAS AUTOPSY PERFORMED?
13	1000	Fracture	clawio	cle					YES	
F	20e. EXTERNAL CA		Ob. DESCRI	BE HOW INJURY OCCURED.	(Enter neture of injury In Per	rt I or Pert II of ite	em 18.)			
CERTIFICATION	PRIMARY Or CO	ONTRIBUTING (Fe	ll out of bed						
	20c. TIME OF INJU			NJURY OCCURRED \ 200. PL	ACE OF INTERV Home for	m, 20f. (City o	z towal	(Count	- 4	(Slele)
MEDICAL	Hour a.m.	/	While	Not While	clory, street, office bldg., etc	201. (City o			γ)	Md.
ME	p.m.	3 -30 196	ol work	al work	TEXAMENTO III C	Vel	nedyvi	TTG		LITT.
	21. I certify th	nat I took charge o	of the rem	ains described above, h	eld an Autopsy ,	Inspection	, Inquir	у 🔲.	and in	my opinion
	death resulted t	from: Natural ca	uses ,	Accident \ Sui	cide . Homicide	Onde	termined m	anner 🗍		
		0			CHIEF MEDICAL	EXAMINER				
	ACTUAL	4.	0.	9					D. W.	TE SIGNED
	SIGNATURE	from	The	my	M.D.	DICAL EXAMINER			DA	TE SIGNED
	EXAMINER'S	/			DEPUTY MEDICA	L EXAMINER		11	/11/	160
10000	NAME (Type)	John Ma				city, town, or co				
220	e. BURIAL, CREMATIC REMOVAL (Specify	ON, 22b. DATE THERE		22c. NAME OF CEMETERY C		22d. LOCATIO	N (City, town,	or country)	M	(Stote)
1	BURIAL	11-14-	60	STILL PONL	CEIII	2/17	. PON	1, 1	1111	,
23	FUNERAL DIRECTO	R 1/	1	ADDRESS		C'D BY REGISTRA	R 24b. REGI	STRAR'S SIG	NATUR	E
1	Vector n	. Tenned	y 5	STILL POND	MD DATE N	10V 1 4 '60	a	rthur S.	Than	A

TOWNS OF THE SECOND SERVICE Leithnee . F. D. A to come after the vor X---- 8-255 TO THE T maralana kilifi Captingon . P. A. a stronger to the descripted. are sent furtions on the fig. on 12 2 2 2 he and to due their a Chirty be stell - and of health are the state of the st 08/11/11 Jein Tomos mit.

ě	8		e,
THE CAR EASTWINEST. THIS CETTIFICATE SHOULD BE GARCOTED WITHIN 24 HOURS DITTER DEGIN. IT ONLY DELICY, DIEGSE EXP	tificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be		DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar Eriar to burial, cremation,
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Sary	Page		ourial
eces	or.		to t
2	Bete	-	rior
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Š	nerg	the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your	gistr
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III.	to t	ined	ith #
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rier	on.	pe	Duc
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M 9/55	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12511

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY b. county Dorchester Dorchester o. STATE Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Vienna - Rural Life Vienna - Rural d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) d. STREET ADDRESS ON A FARM? R.F.D. #1 R.F.D. #1 YES NO K NAME OF Middle 4. DATE Month Year DECEASED (Type or print) Mary Magdalene Pennington DEATH November 5 19 60 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years 8. DATE OF BIRTH IFUNDER TYEAR IF UNDER 24 HRS. Months Min. Days Hours Female Negro August 21, 1911 WIDOWED KI DIVORCED T 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. 81RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Home Housework Vienna, Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henrietta Stewart Alexander Jackson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT [Yes, no, or unknown] Johnnie Pennington, Vienna, Maryland, RFD 213-14-7717 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary occlusion min. IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gave rise to immediate cause **DUE TO** (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPS PERFORMED? NOX 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not while at work at work 21. 1 certify that I tack charge of the remains described above, held an Autapsy [], Inspection [0], Inquiry [], and find that death resulted fram: Natural causes 🔼, Accident 🗍, Suicide 🗍, Homicide 🧻, Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** 11/8/60 John Mace Jr. M.D. DEPUTY MEDICAL EXAMINER A NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Vienna Cemetery Nov.8,1960 Vienna, "aryland Burial 23. FUNERAL DIRECTOR'S SIGNATURE Son, Federalsburg, 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE Onthur & Track

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uld be executed wil	sencil in Item 18. C	long with form PM3	burial-transit permit. File pages 1 and 2 with the registra or to burial, cremation,

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12544 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	1. PLACE OF DEATH o. COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE Maryland b. COUNTY Dorche					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fishing Creek c. LENGTH OF STAY IN 1b Since 1948	c. CITY OR TOWN (If outside corporate limits, write RURAL and give Fishing Creek					
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Own home, no street numbers, Rural	d. STREET ADDRESS Rural	e. IS RESIDENCE ON A FARM? YES NO F				
	3. NAME OF First Middle OF Print) Edward Franklin Perry, Sr.	Lost 4. DATE Month COP DEATH November 5th.19	Day Year 60 19				
		May 20, .1890 70 yrs. Manths Day	AR IF UNDER 24 HRS. rs Hours Min.				
1	10a. USUAL OCCUPATION [Give kind of work done during most of working life, even if retired] Retired, Shipyard worker Ship Bldg. & Repr	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN T. Middlesex Co. Virginia U.	S. A.				
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	Albert Perry	Clarice Trader					
	(Yes, no. or unknown) I lift yes, give war or dates of service)	F.Perry, Jr. Baltimore, 30 Maryland					
	IB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute pulmonary oedema ?						
	Conditions, if ony, which (b) Acute myocardial of gave rise to immediate cause	occlusion	?				
	(a), stating the underlying DUE TO (c) Arteriosclerotic		?				
_	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c	PERFORMED? YES NO #				
1		nter nature of injury in Part I or Part II of item 18.)					
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC factor work at work at work	CE OF INJURY (Home, farm, 20f. (City or town) (Caunty)	(State)				
	21. I certify that I took charge of the remains described above		#, and find that				
	deoth resulted from: Notural causes 77, Accident, Suice	cide 🔲, Homicide 🔲, Undetermined cause 🔲.					
	ACTUAL SIGNATURE ELdridge H. Wolff, M. D. EXAMINER'S NAME (Type) Eldridge H. Wolff, M. D.	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED 11/6/60				
-	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR		(State)				
	Burial 11/8/60 Cedar Hill 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Baltimore, Maryland					
	John F. Denny, Inc. Baltimore, Maryland	DATEMOV 9 '60 Cultur S. Kr.					

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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I	B	HC	pa	the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 7 have after death.
5 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4	S> may be 13 2ed by the hospitol or oftending physician.	T	page 3 shall be detoched far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with	
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1. PLACE OF DEATH o. COUNTY Dorc	hester, Co.		MARYLAND	raryla	and	b. COUNTY	orchest	er, C	0.
RURAL ond give			Days	9.0			URAL ond give r	nearest town	1)
d. NAME OF HOSE OR INSTITUTION	TT	ive street addre		d. STREET ADDRESS	5	Lario.			FARM?
	Maryland Ho	spital		None				YES	NO
3. NAME OF DECEASED (Type or print)	Goldsbo	E003	Middle	Phillips	4. DATE OF DEATH	Mon			Year 19 60
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthday)	-	AR IF UND	
Male	White	WIDOWED [8/15/1892		68 yrs.	1000000		
Waterman 13. FATHER'S NAME	NON (Give kind of work of orking life, even if retired		terman	Toddville 14. MOTHER'S MAIDE	e, Mary		U.S		.OUNTRY?
Soloman	Phillips			Susie	A. Moore				
15. WAS DECEASED EN	VER IN U. S. ARMED FOR		AL SECURITY NO. 17.	INFORMANT		Add	ress		
No.	No.		20-10-6849	Mrs. ONeill	Jones.	Toddvill	e. Marv	land.	
Conditions, if gove rise lo couse (o), stotin lying couse los	g the <u>under-</u> DUE TO	There	noca	ce Adeu	ase	under alow,		MCC	DEATH
1 Var	Keust	in L	TOLES O	UT NOT RELATED TO THE TE	KMINAL DISEASI	E CONDITION GIV	EN IN PART I(o		DRMED?
OR CONTRIBUTION	VAS UNDERLYING IG CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCUR	RED. (Enter noture of injury	in Port I or Part	t II of item 1B.)			
W 20c. TIME OF INJU	10	While	OCCURRED 20e. Not while of work	PLACE OF INJURY (Home, factory, street, affice bldg.,	farm, 20f. (City etc.)	ar town)	(Coun	ly)	(State)
	nat (I) (this haspital	prended !	600	death accurred at	MED. DIRECTOR	the causes ar		that (1) (te stated	
22c. PHYSICIAN'S NAME (Type)	H. HAN	NKS	M.D.	22/ DDRESS	BRIDE	SE, H	ARYL	AN	8.
23a. BURIAL, CREMAT REMOVAL (Specif Burial			Dorchester			TION (City, town,	30	(Stol	te)
24. FUNERAL DIRECTO			ADDRESS		REC'D BY REGIST		Marylar STRAR'S SIGNA	TURE	
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23. FUNERAL DIRECTOR'S SIGNATURE

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e. IS RESIDENCE ON A FARM?

Day

U. S. A.

(County)

246. REGISTRAR'S SIGNATURE

Orthur S. Kraus

24a, REC'D BY REGISTRAR

DATE NOV 1 8 '60

INTERVAL BETWEEN ONSET AND DEATH

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PERFORMED? YES NO T

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	MARYLAND	STATE	DEPARTMENT	OF	HEALTH
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SION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

10-1-	DIVISION OF STATISTICAL RESEARCH AND RECORDS — B.	
12545	CERTIFICATE OF DEA	TH

1. PLACE OF DEATH o. COUNTY Dorchester, Co. MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odmission) b. COUNTY Maryland. Dorchester, Co.			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge, Md. R.F.D.# 3 Life	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge, Maryland, R.F.D.# 3.			
d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS o. IS RESIDENCE on a FARM? YEXT NO			
3. NAME OF First Middle	U CYVECV			
DECEASED	Lost 4. DATE Month Day Year OF DEATH 11 25 19 60			
	B. DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min. 75 yrs.			
10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUS	21-01-002			
during most af working life, even if retired) Farmer Farmer	Maryland U.S.A.			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
James A. Seward	Ella Todd			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes, no, or unknown) (If yes, give wor or dates of service)	NFORMANT Address			
No No No Mr	cs. Lloyd Seward, R.F.D.#3 Cambridge, Md.			
1B. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]	INTERVAL BETWEEN			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) ONSET AND DEATH 4422				
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Conditions if one which)				
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couse (o), stoting the under-				
lying cause lost. (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PERFORMED? YES NO			
206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Port II of item 18.)			
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. m. p. m. 19 20d. INJURY OCCURRED fac	ACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (State) ctory, street, office bldg., etc.)			
21. I certify that (I) (this haspital) attended the deceased fram				
	leath accurred at DM, from the causes and an the date stated above.			
22o. SIGNATURE	ATTENDING			
	M.D. PHYS. DIRECTOR PHYS. 11/28/600			
PALFRED R. MARYANOV	136 RACE ST. CAMBRIDGE, M			
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF	R CREMATORY 23d. LOCATION (City, tawn, ar county) (State)			
Burial 11/27/1960 Speddens Ceme				
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE			
Le Compte Funeral Service, Cambridge, Ma	aryland. DATEC 9 160 arthur S. Kraul			

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	d. NAME-OF HOSPITAL (If not in hospital, give street address) OR-INSTITUTION OR AMADOM AND	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
-	NAME OF DECEASED (Type or print) Office ASED Matthew Mother Matthew Mat	LOSS 4. DATE OF DEATH	Month /	6 - 1960
1	SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	1-41 11 1	Doys Hours Min.
00	during most obworking life, even if retired)	ISTRY 17. BIRTHPLACE (State or foreign co	unity) 12. CIT	ZEN OF WHAT COUNTRY?
	FATHER'S DIAME Charles III Clarelle	14. MOTHER'S MAIDEN NAME A.	Math	Dus
S. Yes	s, no, or unhappen) (If yes, give wor or define of service)	Stouth Charles	Lou Ella	low my
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	wice !		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate carse (a), stating the underlying couse lost. (b) MMM A SI	Usease		1091
ILLICATION	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING 1 CAUSE OF DEATH	T NOT RELATED TO THE TERMINAL DISEASE Soundable D. (Enter noture of injury in Port 1 or Port		1(o) 19. WAS AUTOPSY PERFORMED? YES NO 1
AEDICAL CER	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City ctory, street, office bldg., etc.)	or town) (C	ounty) (Stote)
2	21. I certify that I attended the deceased from alive on that death actual signature PHYSICIAN'S I WAS ON	ADDRESS (Str.	eet, city or town, stote)	
20	D. BUMAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	OF CREMATORY 22d. LOCAT	10N (City, town, or county)	(State)
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3	EUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS	Aa. REC'D BY REGISTI DATE NOV 9	RAR 24b. REGISTRAR'S SIG	

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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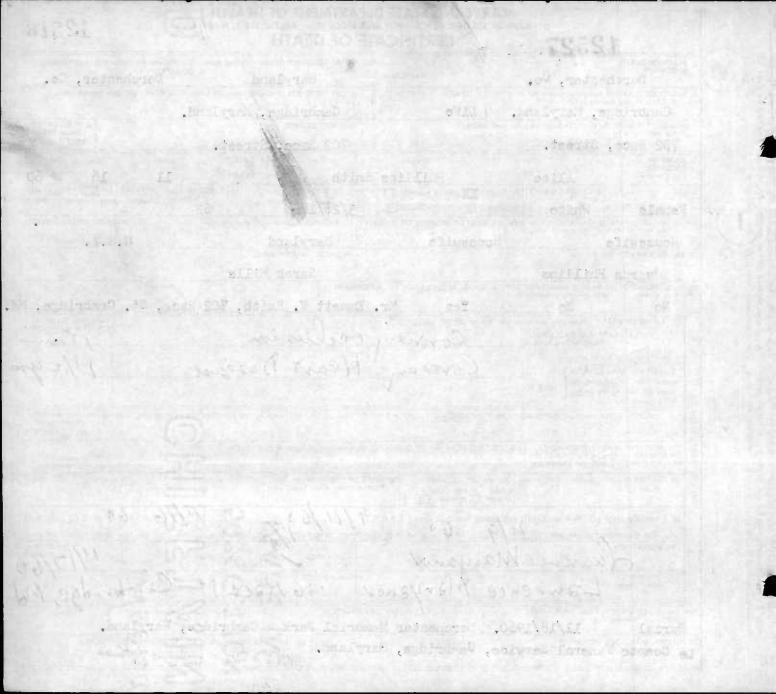
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1	1. PLACE OF DEATH o. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY MARYLAND Dorchester, Co. Dorchester. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) Cambridge, Maryland. Life Cambridge. Maryland. d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? YES NO NO 702 Race, Street. 702 Race. Street. NAME OF Middle Month Yeor Day Phillips Smith DEATH (Type or print) Alice 11 16 19 60 IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Hours Days WIDOWED [DIVORCED [62 White Female 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife U.S.A. Housewife Maryland 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edwards Phillips Sarah Mills 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Mr. Emmett V. Smith, \$02 Race, St. Cambridge, Md. No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH " PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Condifions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) (County) foctory, street, office bldg., etc.) Hour o. m. Not while of work of work 19.6 \$, that (1) (we) lost 21. I certify that (I) (this hospital) attended the deceased fram. saw the deceased alive on and that death occurred of M, from the causes and on the date stated above. 22o. SIGNATURE ATTENDING PHYS. MED. STAFF PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) REMOVAL (Specify) Dorchester Memorial Park Cambridge, Maryland. 1960. Buria] 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE Vambridge, Maryland. Compte Funeral Service,

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1. PLACE OF DEATH o. COUNTY	Dorches	ter	MARYLAND	2. USUAL R o. STATE	Mary:		ed. If institution: I b. COUNTY	Residence before Dorches	
RURAL and give n		ts, write	c. LENGTH OF STAY IN 16	c. CITY C	Table 1		limits, write RURA	L and give near	est town)
	ambridge [AL (If not in hospital, g	ive street	Life	d cross	Hura.	L-Camb	ridge	1.	IS RESIDENCE
OR INSTITUTION RFD	#3	311021		A SIREE	RFD	#3			ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	Este		Middle Gertrude	Staffo	rd rd	4. DATE OF DEATH	Month Nov	Day 14	Year 1960
5. SEX			IED MEVER MARRIED	B. DATE OF B		9.	AGE (In years IF I	UNDER I YEAR I	F UNDER 24 HRS.
Female	Negro	WIDOW		Dec.	5, 18	98	ost birthdoy) Me	onths Days	Haurs Min.
100. USUAL OCCUPATION during most of work	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTI	PLACE (Stote	or foreign count	η)	12. CITIZEN OF	WHAT COUNTRY
House			Housewife	Dor	chest	er Co.	Md.	US	A
13. FATHER'S NAME				14. MOTHE	R'S MAIDEN N	IAME			
	ehremiah		Cready		F	lorence		Ennell:	5
15. WAS DECEASED EVE (Yes, no or unknown)	R IN U. S. ARMED FOR			Joseph	Staff	Comd D	Address		1/2
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		7	Thr	ombo	2:2	ambrid	VAL BETWEEN T AND DEATH
Conditions, if o gove rise to i cause (a), stating lying cause lost.	ny, which (b)	Coronar	y H	rart	ni.	Sease	- 1	1 Yrs
PART II. OTI			ONTRIBUTING TO DEATH BU	T NOT RELATED	TO THE TERMI	NAL DISEASE CO	ONDITION GIVEN		WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WA	AS UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter notur	e of injury in I	Port I or Port II o	of item 18.)		
Y 20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yes	20d. It While of work	_ Nat while _ f	PLACE OF INJUR octary, street, of			fown)	(County)	(Stote)
21. I certify the	nat I attended the	decease		h occurred			4, 19 6 Uth ne causes and city or town, state	an the date	the deceased stated above DATE SIGNE
ACTUAL SIGNATURE	curring	m	anyanor	_ M.D	136	Race	St.		11/18/
PHYSICIAN'S NAME (Type)	Lawren	ce	Maryano	v C	amb	ridge	md.		/ / / 6
270 BURIAL, CREMATIC REMOVAL (Specify) Burial		960/	Linas Ro				City, town, or co		(State)
23. FUNERAL DIRECTOR	S SUSPRATURE	asi	ADDRESS		24a. REQ	DOLG	hester	R'S SIGNATURE	
1	X / / / /		Cambridge	ge, Md.	DATE		Cin	huy S. Heras	4

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 TO FUNES DIRECTOR: After this certificate has been signed by the attending physician and completely filled to by the funeral director, page 3 and be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remayal, and in any event within 72 bours after death. VS A15 (4) 15M 9/SS

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Manager and the state of the st	NEC STELL A MATHEMATICAL MADE
Dec. T. St. D. C.	
Bordester Ct., W Page 1	A TANKS TO LAND TO SERVICE AND A SERVICE AND
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VS A1S (4) 1SM 9/SB

PART DETAILS DETAILS	8		
	12528 CERTIFICA	ATE OF DEATH	Reg. Dist. No. 12518
M	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) MARYLAND c. LENGTH OF STAY IN 1b	a. STATE b. COUNTY Maryland c. CITY OR TOWN (If outside corporate limits, write RU	
1. PLACE OF DEATH 2. USUAL R. CAUSE OF DEATH 2. USUAL CERTIFICATE OF	6 High Street Last 4. DATE Month	/	
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Male White WIDOWED DIVORCED	B. DATE OF BIRTH B. DATE OF BIRTH P. AGE (in years lost birthday) Feb. 4, 1907 53 Yrs.	IF UNDER TYCKER IF UNDER 24 HRS. Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY?
	Bacteriologist 13. FATHER'S NAME	Almatara, Lebanon	
J	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service)	INFORMANT Addre	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under-	artery Thrombos	INTERVAL BETWEEN ONSET AND DEATH
2			IN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40e. P for at wark a		(County) (State)
	21/- 1	h occurred at 3;45 NP, from the causes and AppRess (Street, city or town)	

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, REMOVAL (Specify) Burial 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, tawn, or caunty)

(State)

Nov.23,1960 East New Market Cemetery Fost New Manket Md
24a. REC'D BY REGISTRAR 246. REGISTRAR SIGNATURE
DATE NOV 2 8 '60 Carthur & Have 23. FUNERAL DIRECTOR'S SIGNATURE www.Cambridge,Md. arthur S. Kraus and the late of the second second second All the - was a marked to the same of the The realist of Add to the first of the second state of the second A MILES CANADA CONTRACTOR OF THE PARTY OF TH

FOR STATE HEALTH DEPT ed for your files. Board of Health, al director. Page delay is necessary, TO DEPTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an delay is replease that the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the sal direction of the Chief Medical Examiner's Office along with form PM3. Page 5 may be refarred for you to Puneral DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59 MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 19
12529MEDICAL EXAMINER'S CERTIFICATE OF DEATH

I. PLACE OF DEATH a. COUNTY					(mission
	MARYLAND				V
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16			RURAL and give naarast town	1)
	1 Hours	Facton	Marriand	2040	-2
d. NAME OF HOSPITAL OR INSTITUTION (if not in t	ospital, giva straet address)	d. STREET ADDRESS	dary rand.	a. IS RES	
Combaides Manuford House	to 1	Time land and an arrange			FARM?
3. NAME OF First	Middla	Unknown Last	4. DATE Month		XEX.X
/Time or mint	GARLES SAN		OF		
5. SEX 16 COLOR OF PACEL	La T.			IF UNDER 1 YEAR IF UNDER 2	0
		. DATE OF BIRTH	last birthday)	Months Days Hours	Min.
Tomate Militure	A-A:	8/10/1880	80 yrs.		
dona during most of working lita, aven if ratirad)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stata	or foreign country)	12. CITIZEN OF WHAT CO	DUNTRY?
Housewife	Housewife	Maryla	nd.	II.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	0450214	
Charles Tubman		Tealall	Stanlefonte		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 11	6. SOCIAL SECURITY NO. 17. I	NFORMANT	Address		
	Mo N	me Tourier T.	ana Chamah Ca		,
18. CAUSE OF DEATH [Enter only one cause pa	r lina for (a), (b), and (c).]	T.S. TOUTS D	ong, onneen, or	liniterval Bety	VEEN
Dorchester, Co. Maryland b. CITY OR TOWN Guide comported limits, write RURAL and give nearest lowe) Cambridge, Maryland. d. NAME OF HOSPITAL OR INSTITUTION (in not in hospital, give street address) Cambridge Maryland. d. NAME OF HOSPITAL OR INSTITUTION (in not in hospital, give street address) Cambridge Maryland. d. NAME OF HOSPITAL OR INSTITUTION (in not in hospital, give street address) Cambridge Maryland Hospital J. Hour Cambridge Maryland Hospital J. NAME OF HOSPITAL OR INSTITUTION (in not in hospital, give street address) Cambridge Maryland Hospital J. NAME OF HOSPITAL OR INSTITUTION (in not in hospital, give street address) Unknown J. NAME OF HOSPITAL OR INSTITUTION (in not in hospital, give street address) Last DATE OF BIRTH PART I. CALL DELAY AND ARRED TO RESP. (In a. USEAN OCCUPATION (in their of work done adving most of working lite, even if retired) HOUSEWIFE J. NAME OF HOSPITAL OR INSTITUTION (in not in hospital, give street address) Last DATE OF BIRTH P. Act Link years FUNDER I VERN US ARRED TO RESP. (In a. USEAN OCCUPATION (in their of work done adving most of working lite, even if retired) HOUSEWIFE J. HAHRE'S NAME HOUSEWIFE J. MAND LEASED EVER IN US ARRED FORCES? (In a most literal properties of service) No. ON The CAUSE OF DEATH Enter only one cause par line for (a), (b), and (c). PART I. CALLS OF WER IN US ARRED FORCES? (In a most literal properties of service) No. ON The CAUSE OF DEATH Enter only one cause par line for (a), (b), and (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ite) DUE TO Conditions, if any, which gave fire to in moderal part of the terminal death and the part of part of the terminal death cause [a), selling the underlying cause is an underlying c	ONSET AND DE	EATH			
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	racture of s	Kull			
(a), stating the underlying				11. TO 17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	
[4]					
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	EN IN PART 1(a) 19. WAS AU PERFOR	
3				promp.	10 📉
20a. EXTERNAL CAUSE WAS 20b. DESC	CRIBE HOW INJURY OCCURED. (E	ntar natura of injury in Par	rt I or Part II of Item 1B.)		
1855	enger in two	cer auto	collision.		
20c. TIME OF INJURY Month, Day, Year 20c	I. INJURY OCCURRED 20e. PLA	CE OF INJURY (Homa, farr	n, ; 20f. (City or town)	(County) (5	Stata)
3 15 PM 77-81060 at w			" East New M	arket Dor. 1	Md.
			1		
	_				IIIIOII
Godin resulted from: Haidran causes	, Accident PE, Suici			nution	
ACTUAL ()					
SIGNATURE SICKE	coup.	M.D.		DATE SIGN	- 11 -
EXAMINER'S	c. LENGTH OF STAY IN 16 1 Hour 2 Saston, Maryland 2 STREET ADDRESS 1 Hour 1 Hour 1 Hour 2 AGE (In years IF UNDER! YEAR 1 Is belob 1 Hour 1 Housewife 2 Housewife 3 Housewife 4 Housewife 2 Housewife 3 Housewife 4 Housewife 4 Housewife 2 Housewife 2 Housewife 3 Housewife 4 Ho	11/1	.0/60		
REMOVAL (Spacify)	ZZC. NAME OF CEMETERY OR	CKEMATORY	22d. LOCATION (City, fown,	or country) (Stala)	
Burial 11/11/1960	Vienna Comete	July.	Vienna, Ma	ryland.	
23. FUNERAL DIRECTOR	ADDRESS COME OF				1 =
Le Compte Funeral Service	. Cambridge Ma	DATE	MOA I D PA	wind is that	
The same of the sa	, James Luge, He	1 January			

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician. TO FUNER RECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 at 2 should be filled with the State Board of Health priar to burial, cremation, or remayal, and in any event, within 72 hours after death.

VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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CEI	RTIF	ICA	TE	OF	DE	ATH

12	547		CERTIF	ICA	TE OF DEATH				i	2020
PLACE OF DEATH o. COUNTY	Dorchester		MARY	LAND	o. STATE		ed lived. If institution b. COUNTY	-	e before	. V
	(If autside carporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	autside corp	orate limits, write R	URAL and g	ive neare	st town)
	Cambridge	1	1 mo. 5 da	ays	Princ	ess_A	nne		3	IX-
d. NAME OF HOSE OR INSTITUTION	PITAL (If nat in haspital, g	ive street a	ddress)		d. STREET ADDRESS				e.	IS RESIDENCE
	Eastern Sho	re St	ate Hospit	Maryland Maryland Maryland CAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL Dital Route 2 A DATE OF DEATH No vember RRIED B. DATE OF BIRTH RCED August 25, 1872 S OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Unknown 14. MOTHER'S MAIDEN NAME Unknown NO. 17. INFORMANT RECORDS: Eastern Shore State			ES NO			
NAME OF DECEASED (Type or print)	fir Davi		Middle			OF			Day 28	Year 19 60
. SEX			ED NEVER MARRIE	рП			9. AGE (In years			UNDER 24 HR
Male	White	WIDOWE			August 25	1872		Months	Days H	lours Min.
0a. USUAL OCCUPAT	TION (Give kind of work	done 10b. k	Property .	R INDU				12.CITI2	EN OF W	'HAT COUNTR'
77 1	orking life, even if retired)			IImles area					
Unknown 3. FATHER'S NAME									_	
Unknown	VER IN U. S. ARMED FOR	CEC2 14 6	OCIAL SECURITY NO	117 89		l	٨٠٠			
Yes, no, or unknown)	(If yes, give war or dates of s		OCIAL SECURIT NO	17. 11						
Unk.	-				RECORDS: Ea	stern	Shore St	ate H		
18. CAUSE OF D	EATH [Enter only one co	use per line	e for (a), (b), and (c).]					INTERV	AND DEATH
PART I. DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c	, C	oronary Oc	clu	sion					rs.
33	DUE TO									
Conditions, if	ony which)		onohnal Wo	m ~ 39	nho co				29	days
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lying cause las										
	16		ON STREET, STATE OF S	TIL BUT	NOT BELLIED TO THE TERM	INIAL DISEA	CE COMPITION CIN	Chille BADT	1/-> 10	MAC ALITORC
≚		100								PERFORMED?
Chronic		ome a	ssoc. with	Se	<u>nile Brain Di</u>	sease	, with ps	ychos	SY	ES NO
20a. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF	WAS UNDERLYING ☐ NG ☐ CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY O	CCURRE	D. (Enter nature of injury in	Part I or Pa	irt II of item 1B.)			
	FY MEDICAL EXAMINER)									
20c. TIME OF INJU			JURY OCCURRED	20e. PL	ACE OF INJURY (Home, fare	n, 20f. (Ci	ty or town)	(C	ounty)	(Stat
Hour a. m	10	While at wark	Nat while of wark	ra	crary, street, affice blog., en	5.)				
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	ased alive an	-28	19_ <u>6</u> 0, and	that c	death accurred at 1:	JM, fran	the causes ar	d an the	date s	
22a. SIGNATURE	22. O. P.	2 2 .	A 11		ATTENDING N		STAFF			22b. DATE SIGNI
22c. PHYSICIAN'S	V47.01	can	of ora			IKECIOK L	J (1113. []	THE RESERVE	127	
NAME (Type)		morrfo	mA			hora	State Hos	ni+nl	Can	hmi dao
<u> </u>		Tami)oall	or rake
3a. BURIAL-CREMAT	ful of / / m / /	-	23 NAME OF CEM	ETERY O	Constitution of the Consti	230 LOC	ALION (City, town,	or county)	1	(Stee)
KEMIOVAL (Specia	11/30/6	Le)	1 - Vs	enge	300	100	1 Usu	m	de	4
4. FONE AL DIRECTO	OR'S SIGNATURE		ADDRESS		250. REC	D BY REGIS	STRAR 256. REGI	STRAR'S SIC	NATURE	
tance	stoffe.	ma	Tru .	-	Come DAME	5 '60	Club	un 8. TU	Alla	
June	of Xteu	man	Inne	-	Crow DATEC	5 '60	Chul	un 2. 74	alla.	

THE COURSE OF STREET WHITE HE SEE THE STREET STREET Page design of the National Control of the National Co -377 (10 4 TW) - 33 (40) Lat market 1-1

VS A15 (4) 15M 9/55 12530

CERTIFICATE OF DEATH

Reg. Dist. No.

o. COUNTY	Dorche	ster	MAI	RYLAND	USUAL RESIDENCE (V	Where deceased	lived. If instituti b. COUNTY		· before admi	
b. CITY OR TOWN (I RURAL and give no Cambr	gorest town)	mits, write	c. LENGTH OF STA	YIN 1b	c. CITY OR TOWN (IF	f outside corpor	ate limits, write R			
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Cambridge Maryland Hospital			1	d. STREET ADDRESS 130 Pine Street				e. IS RESIDENCE ON A FARM? YES NO X		
NAME OF DECEASED (Type or print)	Mabel	Elea	nor Bos	Sley	Wessels	4. DATE OF DEATH	Nov	*	23.	Yeor 1960
Female	6. COLOR OR RACI	7. MARRI WIDOWEI	ED NEVER MARI		Nov. 22.	1916	9. AGE (In years lost birthday)	Months I	YEAR IF UNI	DER 24 HRS.
during most of work	ON (Give kind of working life, even if retire OPER	k done 10b. I	Labore	er	Cambric MOTHER'S MAIDEN	te or foreign co	untry)	12. CITI	USA	TCOUNTRY
	Alexande:		sley			Julia	Ross		7-14	
5. WAS DECEASED EVE		f tervice)	50 CIAL SECURITY N		velyn Whe	ontlow	, Cambr		Ma	
	mmediate ((o) O (b)	e for (o). (b). ond (c Cerebra		orrhage				INTERVAL E	ETWEEN D DEATH
PART II. OTH			1.		OT RELATED TO THE TERM			EN IN PART	PERF	AUTOPSY ORMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	206. DESC	RIBE HOW INJURY	OCCURRED. (Enter noture of injury in	n Port I or Port	II of item 18.)			
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Y	While	JURY OCCURRED Not while of work	20e. PLACE foctor	OF INJURY (Home, for y, street, office bldg., et	rm, 20f. (City	or town)	(Co	ounty)	(Stote)
21. I certify the alive on No.	at I attended the rember 2	e decease 3 g, 1960			0, 1960, 10No	M, from	r23, 1960 the causes of set, city or town, ambridge	nd on the	e date stat	
	-			11						
PHYSICIAN'S NAME (Type)			tt,M.D.	1	1					
	11/26		22c. NAME OF CEA		tery		ON (City, town, o			ite)

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r pare las indicators			Kannadar II	

FOR STATE

TO DELYCK MEDICAL EXAMINER: This certificate should be executed within 24 hours effer death. If any delay is necessary, please the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1.2, and 3 to the final director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. d

V5. A15ME 5M 7/59

HEALTH DEPT

MARYLAND STATE DEPARTMENT OF HEALTH Division 15 TATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

PLACE OF DEATH COUNTY			(Whare deceased lived, If Instituti	ion: Residance before edmission)
Dorchester, Co.	MARYLAND	e. STATE Marvla	b. COUNTY	Dorchester. Co.
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outsida corporata limits, writa RURA	L end give neerest town)
Cambridge, Maryland.	D.O.A.	13 Cambri	dge, Maryland.	
d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospital, giva street eddress)	d. STREET ADDRESS	agoy rice, marie,	IS RESIDENCE ON A FARM?
Cambridge Maryland Hospi	tal	112 Mi	11s, Street	YES NO
3. NAME OF First DECEASED	Middla	Lasi	DATE Month	Dey Year
(Type or print) William	Grason Wint	erbottom Jr.	DEATH 11	27 19 60
5. SEX 6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED B	. DATE OF BIRTH	9. AGE (In years IF UND	DER I YEAR IF UNDER 24 HRS.
	WED DIVORCED	12/28/1011	lest birthday) Month	hs Deys Hours Min.
	. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or	foreign country) 12.	CITIZEN OF WHAT COUNTRY?
	ondrone Business	Domohoston	Co Moneland	TT CI A
13. FATHER'S NAME	ardware Business	14. MOTHER'S MAIDEN NA	Co. Maryland.	U.S.A.
Millian Consen Minten		NT	737.2 .1. A1. 75 .1	
William Grason Winterb 15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. 1	NFORMANT	Elizabeth Davis	
(Yes, no, or unkown) (Ifyasgivawarordatesofservice)	771	7. C *:	Cambrid	ige, Maryland.
NO NO NO IB. CAUSE OF DEATH Enter only one cause p	Unknown Wi] par line for (a), (b), end (c).	llam Grason W	interbottom III,	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY	oronary occlus	sion		ONSET AND DEATH
1450	in onar y ooo ca	31.011		Instant
Conditions, if any, which				
gave rise to immediata causa				
(e), stating the underlying DUE TO				
PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	DISEASE CONDITION GIVEN IN I	PART 1(a) 19 WAS AUTORSY
E PART II. OTHER SIGNIFICANT CONCUMONS	ON THE OWNER OF THE OWNER OF THE	TREATED TO THE TERMINA	L DISLASE CONDITION GIVEN IN	PERFORMED?
20e. EXTERNAL CAUSE WAS 20b. DE	SCRIBE HOW INJURY OCCURED. (E	inter natura of injury in Bost I	or Port II of Non-18 5	YES NO 1
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	CRIBE HOW INJOK! OCCURED. (E	men natura of injury in Peri I	or ren ii or iiem is.;	
		CE OF INJURY (Homa, farm, ory, street, office bldg., etc.)	2Df. (City or town)	(County) (Stete)
Hour e.m. W	/hile Not While tech	ory, streat, office brage, erc.		
21. I certify that I took charge of the	remains described above, he	ld an Autopsy , In	spection K Inquiry	, and in my opinion
death resulted from: Natural causes	X. Accident . Suici	ide , Homicide	, Undetermined manner	
		CHIEF MEDICAL EXA	AMINER []	
ACTUAL 2	ener A	ASSISTANT MEDICA	AL EXAMINER	DATE SIGNED
SIGNATURE SIGNATURE	Ji.	M.D. DEPUTY MEDICAL E	XAMINER X 11/22/6	50
NAME (Type) John Mace J.	r. M.D.	Address (Street, city		
28. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OF		2d. LOCATION (City, lown, or cou	untry) (Stele)
Burial 11/23/1960.	Old Trinty	Church Tree	Charle Co	e le Merveland
23. FUNERAL DIRECTOR	ADDRESS		BY REGISTRAR 246. REGISTRAR	
Te Compt 7 - S		- 0,0000	160 Cathan &.	Kraug
Le Compte Funeral Service	e, Cambridge, Ma	ryland. TEL 9	00 0	

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				100000	
				11/23/1960	TENTIL
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